

and Erasmus Wilson." Then follows a similar one taken from Dr. Piffard's work on *Diseases of the Skin*.

I take great interest in the subject of the spread of leprosy, and it was with much satisfaction I learned on my arrival home that the Royal College of Physicians of London were inclined to re-open the subject so fully dealt with in their report of 1867. Since that date more light has been thrown on the pathology of the disease, and a mass of valuable information collected. It is also known that many medical men differ from the College in the opinion then expressed with regard to the contagiousness of leprosy, so that I would plead for a rehearing of the matter in order that our knowledge of the disease may be brought up to date, and a responsible decision given. From all parts of the world we have intelligence of the increase of leprosy. Is the cause of this satisfactorily accounted for on any other hypothesis than that of contact of the unhealthy with the healthy? I have had more than twenty years' experience of the disease, one half of this time as superintendent of the largest leper asylum in the West Indies, and my opinion is that leprosy, in some manner we are as yet unacquainted with, is thus communicated, and that whenever lepers are allowed to congregate, and no attempt made at isolation, other cases will in due course assuredly arise, irrespective of hereditary tendency, peculiarity of diet, locality, etc.

I will conclude with the following facts that came under my own observation. A shopkeeper at Demerara, whose business as contractor for provisions took him frequently to the asylum, became leprosy. For at least ten years his wife remained free from any sign of leprosy. The case was well-known, and I had been frequently called on to explain with reference to this very person how, if leprosy was in any way contagious, this man's wife escaped so long. In May, 1886, this woman came to me with well-marked symptoms of leprosy, and was under treatment when I left the West Indies.

Such cases, at any rate, prove that one or two years do not suffice to thoroughly study such a disease as leprosy; but if they could be kept sufficiently long under observation, I am satisfied some startling facts would be brought to light.—I am etc.,

JOHN D. HILLIS, F.R.C.S.I., M.R.I.A.,

Late Medical Superintendent of the British Guiana Leper Asylum.
Dublin, October 28th.

SMALL-POX IN PERTH INFIRMARY.

SIR,—Your note on small-pox in Perth Infirmary in your issue of October 29th is, in some important respects, misleading. You say, first, that twelve years ago, "in spite of the protest of Dr. Bramwell, the directors of the Infirmary determined to receive small-pox cases into the institution." There was no protest, and no such decision. The medical staff were unanimous, and so were the directors, that no more small-pox patients should be admitted into the Infirmary.

Secondly, that "small-pox has again appeared in the institution." This statement, taken in connection with what goes before, would seem to imply that small-pox has, up till now, been admitted to the institution. Such has not been the case since 1876, as on this occasion it has only succeeded in creeping in by stealth.

Thirdly, that "Dr. Simpson has done good service to the city in pointing out the extreme danger of treating small-pox in a thickly populated locality." Such danger is well known to every grown person of sound mind in Perth, but in the present instance the danger is non-existent. The completely detached west wing of the Infirmary is not in a crowded locality, however panic-stricken or panic-stirring parties may speak or write.

Fourthly, that "among the sufferers are certain nurses whom the infirmary officials desire to retain under their own care." The medical staff have expressed their opinion, on which the directors have acted, that all cases of small-pox at all likely to occur accidentally as these have done, whether nurses or patients, while resident in the Infirmary may be isolated and treated in it without greater danger than there would be elsewhere. From what the medical staff now know of the capabilities of the "small-pox hospital" and nursing arrangements, they should certainly not, even under compulsion, give their sanction to any patient being sent from the Infirmary for treatment there. You write as if the Perth Infirmary had been jammed in between houses full of people from cellar to garret; it consists of three separate blocks, and stands well apart from other buildings.

Fifthly, that "the directors of the Infirmary are open to severe criticism, in the first instance, for permitting their staff to remain susceptible to small-pox, and their forgetfulness of responsibility appears to have characterised their subsequent action." To us, the above quotation is obscure. What the directors could do that the staff should not remain susceptible to small-pox, we cannot see; but the medical

staff did what they could, and what they ought—namely, revaccinated both nursing staff and unaffected patients without delay. If you mean that the nursing staff were exposed to the poison of small-pox, and continued to be so after the disease was discovered, you are in error. Special nurses were at once got from Edinburgh; an urgent message, sent by telegram, was most kindly and immediately responded to; and no other nurse has been near the patients. It need hardly be said scrupulous care has been taken from the first to isolate completely the infected house, to prevent all conveyance of poison by clothes, food, etc., and to carry out every mode of disinfection possible. Certain persons, who ought to have known that this was so, have spoken and written as if it had been otherwise. We would willingly, if we could, credit such with only the laudable motive of zeal for the public safety.

It may be impossible for medical journals published in London to become acquainted with the whole facts of such an occurrence as the recent outbreak of small-pox, in far-off places like Perth, before commenting on them; it is the more to be regretted that they should be supplied with such one-sided and utterly erroneous accounts as those which it is evident you have received. Space forbids us troubling you at greater length. The matter has been investigated by an independent and wholly trustworthy authority, and we are quite willing to abide by his verdict. What this is you shall know as soon after we do as possible.—We are, etc.,

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and Surgeon to the County and City of Perth Infirmary.
JOHN T. GRAHAM, M.D., M.R.C.S., Visiting Surgeon,
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LEIGH HUNT, M.B., C.M., Visiting Medical Officer,
Perth Infirmary.

NOT DUE TO VACCINATION.

SIR,—I should like to record what I cannot but consider a lucky escape which occurred in my practice a short time since. I was asked by a lady, whom I had attended in her confinement two months before, to vaccinate her baby, as she was going into the country. I thought it preferable to await her return, and postponed the operation. It was well I did so, for within three or four days the child developed a violent attack of desquamative dermatitis, and for a week or two presented a most pitiable appearance, with the skin hanging all over it in rags and tatters. The child recovered in the course of two or three weeks, but it can easily be imagined what would have been the verdict had I been unfortunate enough to have vaccinated the child. As it was, the mother asked me, "Was I sure I had not vaccinated the child?" I naturally took advantage of the opportunity to read the parents and their friends a lecture upon the folly of attributing subsequent maladies to vaccination, and I trust that the lesson will not have been thrown away.—I am, etc.,

ALFRED S. GUBE, L.R.C.P., etc.

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AN APPEAL.

SIR,—Will you kindly allow me to appeal in your columns on behalf of a lady in distressed circumstances? Mrs. H. is the wife of a member of our profession who is now in a county asylum dying of general paralysis. She has one child, aged 4, who is lamed by an injury and subsequent hip-disease, and who has been under my care in the Children's Hospital. Mrs. H. herself has been ill, and is now in a convalescent hospital, after being in the Royal Infirmary for some weeks. She has no relations able to support her. It is proposed to start Mrs. H. either as a teacher of children or in some similar occupation, and the fund is required to buy furniture, etc. I shall be glad to give any further information, and may add that I know the case to be one where help is urgently needed. Any contributions received will, of course, be acknowledged.—I am, etc.,

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SHYLOCK IN CHINA.—In the medical reports published by order of the Inspector-General of Customs at Shanghai, Dr. W. Morrison states that he was called upon to attend a young man whose eyes had been punctured because his father was unable to satisfy the claims of a creditor; on making inquiries, he was informed that the punishment was not uncommon in the district, and that deaths occasionally resulted. Dr. Morrison contrived to save the sight of one of his patient's eyes; the other was completely destroyed. The Chinese authorities having had their attention called to the practice, have expressed a determination to put a stop to it.